

SUMMER FOOD SERVICE PROGRAM START-UP/EXPANSION GRANT APPLICATION INSTRUCTIONS

This grant application package consists of the following:

Letter of Intent (Attachment I): To request grant funds, the school district or county offices of education must complete and submit the attached Startup/Expansion Grant application to the California Department of Education, Nutrition Services Division (NSD). Applicants must operate the Summer Food Service Program (SFSP) for three consecutive years starting with the federal fiscal year this grant is approved. By signing the grant application, eligible applicants agree to expend funds consistent with the budget submitted in the attached equipment and outreach budget sheets and justifications. The grant application must be approved by the NSD.

An authorized representative of the applicant's organization must sign the grant application. Release of funds cannot be released prior to receiving board approval, if applicable.

Grant Site Application (Attachment II): Complete and submit a Grant Site Application for each site for which funds are being requested. Provide detailed, concise answers to all of the questions (attach additional sheets if more space is needed).

Equipment Budget (Attachment III): This funding is for nonrecurring costs that include the acquisition of equipment, minor alterations to accommodate equipment, computer point-of-service systems for food service, and the purchase of vehicles for transporting food to sites.

To establish the dollar amount to charge to the grant, the costs of equipment and kitchen modifications must be prorated. Examples of equipment that must be prorated are: tables and chairs, serving line equipment, transport equipment, large capacity ovens, refrigerators, coolers, freezers, mixers, skillets, microwaves, preparation tables, remodeling or rewiring of kitchens to accommodate new equipment, range hoods, safety equipment, ice machines, dishwashers, serving trays, and utensils.

All requested equipment must be appropriate to the enrollment as well as to the number of low-income students. Do not request funds for equipment or services already ordered or under contract.

Equipment Justification (Attachment IV): Describe how each piece of equipment will be used. Describe all "special circumstances" that may apply for any equipment listed above. Example of "special circumstances" are: schools with infrequent deliveries, schools serving as a central kitchen, satellite schools, schools with satellite meal services that wish to prepare their own meals, schools currently without a meal program and/or schools currently without kitchens.

Outreach and Implementation Budget (Attachment V): This funding is for nonrecurring personnel expenses to initiate or expand the SFSP, including training of staff in new capacities, outreach efforts to publicize the program, and travel to observe existing SFSPs sites.

Funds are not allowable to train returning SFSP employees, bookkeeping, normal duties of meal service employees, accountant, purchasing/processing food, indirect costs, salaries and benefits of permanent staff, or capital outlay.

If no funds are requested for a specific item, write "0" in the space provided.

Enter amounts in whole dollars only (no cents).

All grant applications must be received no later than April 15, 2002. Send completed grant applications to:

California Department of Education
Nutrition Services Division
Program Resources, Education, and Policy Unit
560 J Street, Suite 270
Sacramento, CA 95814-2342

Fax applications to:

Program Resources, Education, and Policy Unit
(916) 445-5731

Grant applications are considered complete upon the receipt of the original signed documents.

SUMMER FOOD SERVICE PROGRAM (SFSP) START-UP/EXPANSION GRANT LETTER OF INTENT

Type of grant being requested:

Start-up <input type="checkbox"/>	Expansion <input type="checkbox"/>
(New Sponsor)	(Returning Sponsor)

The agency below certifies that requested funds will be spent only according to the budget estimates as approved by NSD and operate the SFSP for three consecutive federal fiscal years.

Agreement Number: _____

Applicant Name: _____

Address:

City: State: Zip+four:

Contact Person:

Telephone Number: _____ Fax Number: _____

List the County Office of Education (COE) that has jurisdiction over the school district, if applicable (if the county office of education is the applicant, write "same as above" in the space below.):

County Office of Education: _____

County Superintendent of Schools:

Address:

City: _____ State: _____ Zip+four: _____

Does the applicant need the board's approval for accepting this grant? Yes ☐ No ☐

If yes, the board's approval will be submitted by _____ Date

START-UP GRANT ONLY – The school district/COE plans to implement all SFSP sites by_____

EXPANSION GRANT ONLY – The school district/COE plans to complete SFSP expansion activities for all sites by _____.

Print or Type Name of Authorized Official

Title

Signature of Authorized Official

Date _____

Telephone Number

Fax Number

**SUMMER FOOD SERVICE PROGRAM
START-UP/EXPANSION GRANT
GRANT SITE APPLICATION**

INSTRUCTIONS: Complete this form for each applicant site (sites may or may not be located on school campus.) If listing a school site, 50 percent of the children enrolled must qualify for free and reduced price meals.

Name of Site

Address of Site

City

State

Zip

If this is a nonschool site, indicate the type of eligibility that is being used.

- | | | |
|---|---|--|
| <input type="checkbox"/> School Data | <input type="checkbox"/> Departments Of Welfare | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Census Tracts | <input type="checkbox"/> Zoning Commissions | <input type="checkbox"/> "Closed-Enrolled" |
| <input type="checkbox"/> Migrant Organization | <input type="checkbox"/> Education | (Nonsummer School Site) |

Indicate the school from which the site draws its attendance.

Name of School

Name of School District Site Resides Under

Please answer the questions below for the applicant site.

1. How many children are enrolled at this site? _____
2. What percentage of the enrollment is eligible for free and reduced priced meals at this site? _____ %
3. What is the estimated number of children who will be served at this site, if grant is awarded? _____
4. If application is for a COE, what is the percentage of migrant children who will be served at this site? _____ %
5. What is the average dollar amount that will be spent on each participant child? _____
6. Provide justification if the cost exceeds \$45 per participant.

Provide a detailed description of your school/site.

Rural ☐ Urban ☐

Estimate the percentage of potential SFSP beneficiaries, by racial/ethnic category, for the area this site will serve.

American Indian
Alaskan Native
Islander

%

Asian or Pacific Origin _____ %

Black – not
of Hispanic
Origin

White – Not
of Hispanic
Origin

Hispanic

Submit a narrative describing the need for starting or expanding the SFSP. List pertinent socio-economic factors that includes community factors such as migrant farming, mobile population, industry dependency, kitchen/feeding facilities, and any other characteristic you feel are relevant.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SUMMER FOOD SERVICE PROGRAM
START-UP/EXPANSION GRANT
EQUIPMENT BUDGET**

Complete a separate form for each site.

Name of School/Site

Complete the following to establish the prorated cost of equipment.

1. Enter your planned SFSP operating dates:

Start Date	End Date
2. Total your estimated number of SFSP operating days:
(Use a calendar and exclude any holidays)

3. Enter the number of regular school days:

4. Add lines 2 and 3:

5. Divide line 2 into line 4:

_____ %
6. Use the percentage on line 5 in column 4 below as the prorated time the equipment/appliances will be used for the SFSP.

EQUIPMENT: (List whole dollar amounts.)

	(1) Item	(2) *	(3) **	(4) ***	(5) ****
Example:					
A.	Refrigerator	X	\$1,000	20 %	\$200
	_____	_____	_____	_____	_____
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____
F.	_____	_____	_____	_____	_____
G.	_____	_____	_____	_____	_____
	TOTAL		\$ _____		\$ _____

- Column 2 * Check (X) if this is a replacement item.
 Column 3 ** Full cost of equipment after taxes.
 Column 4 *** Percentage you plan to use the equipment.
 Column 5 **** Cost to the SFSP.

**SUMMER FOOD SERVICE PROGRAM
START-UP / EXPANSION GRANT
EQUIPMENT JUSTIFICATION**

Name of School/Site

Start-up Grants - Describe how the requested equipment will be used to implement the SFSP (attach additional sheets if necessary):

Expansion Grants - Describe how the requested equipment will be used to increase participation at this site (attach additional sheets if necessary.):

A.

B.

C.

D.

E.

F.

G.

**SUMMER FOOD SERVICE PROGRAM
STARTUP/EXPANSION GRANT
OUTREACH AND IMPLEMENTATION BUDGET**

Name of School/Site

OUTREACH:

List cost of outreach efforts or promotional materials you will be using, regarding the availability of the SFSP or incentives for participation.

A.	Travel	\$ _____
B.	Publications	_____
C.	Materials	_____
D.	Nonrecurring personnel costs	_____
E.	Other costs	_____
OUTREACH TOTAL		\$ _____

IMPLEMENTATION/EXPANSION:

List cost of implementation or expansion activities.

F.	Travel	\$ _____
G.	Publications	_____
H.	Materials	_____
I.	Nonrecurring personnel costs	_____
J.	Other costs	_____
IMPLEMENTATION/EXPANSION TOTAL		\$ _____

Describe outreach, promotional efforts, and implementation or expansion activities below.

Note: If you requested funds for a staff member as a trainer or start-up/expansion coordinator, describe the staff and purpose of the training and explain how the staff's functions will differ from their normal duties; include anticipated time and cost for training and for start-up or expansion activities. Example: three hours for substitute food service personnel while staff travels to observe other SFSPs sites.

Justification for each outreach/implementation item (attach additional sheets if necessary):

A.	_____
B.	_____
C.	_____
D.	_____
E.	_____
F.	_____
G.	_____
H.	_____
I.	_____